



COMPLETING THE NEWBORN SCREENING CARD

It is extremely important to fill out the screening card completely and accurately. The sample submitter is legally responsible for the accuracy and completeness of the information on the newborn screening card. The card will be scanned into the database so legibility is critical. **Press firmly using a black pen**, and record the following information in the spaces provided.

BABY INFORMATION

- **BABY'S NAME:** Record the newborn's last name followed by first name. If no first name at the time of specimen collection, the last name followed by "boy" or "girl" should be used. For single mothers, use last name of mother or last name specified by mother. **DO NOT LEAVE BLANK.**
- **GENDER:** Completely shade in oval to designate newborn's gender as male or female.
- **BIRTH DATE:** Use a six-digit number (mm/dd/yy) for date of newborn's birth. For example, a baby born on January 4, 2003 would be recorded as 010403.
- **BIRTH TIME:** Record time of newborn's birth in military time. For example, a baby born at 4:30 pm would be recorded as 1630. Note: This information is only required on the "blue" first newborn screening card sample.
- **BIRTH WEIGHT, GRAMS:** Record the birth weight in **grams** in the boxes provided. **Do not use pounds and ounces.** Note: This information is only required on the "blue" first newborn screening card sample.
- **CURRENT WEIGHT, GRAMS:** Record the infant's current weight in **grams** in the boxes provided. **Do not use pounds and ounces.** Note: This information is only required on the "pink" repeat newborn screening card sample.
- **GESTATIONAL WEEKS:** Record newborn's week of gestation at time of birth. Note: This information is only required on the "blue" first newborn screening card sample.

- **SINGLE BIRTH:** Completely shade in oval for single birth.
- **MULTIPLE BIRTH ORDER:** Completely shade in oval to record birth order by "A", "B", "C" etc. for twins, triplets, etc.
- **SPECIMEN DATE:** Use a six-digit number (mm/dd/yy) representing the date on which the specimen was obtained.
- **COLLECTION TIME:** Record time of specimen collection in military time.
- **COLLECTED BY:** Record initials of person collecting the specimen.
- **NICU / SPECIAL CARE:** Completely shade in oval "no" or "yes" to indicate if the newborn was in an NICU or special care nursery when the specimen was collected.
- **RBC TRANSFUSION:** Completely shade in oval "no" or "yes" to indicate whether the baby was ever transfused with red blood cells **prior** to specimen collection. If yes, give date (mm/dd/yy).
- **MEDICAL RECORD # (INFANT):** Record the birth hospital's identification or medical record number for the newborn.
- **TPN FEEDING:** Completely shade in oval "yes" if the infant is receiving total parenteral nutrition (TPN).
- **ANCESTRY:** Completely shade in oval for Hispanic or Non-Hispanic.
- **RACE:** Completely shade in oval for newborn's race. If the infant is of mixed race and has one white parent, select the race of the non-white parent. If the infant is of mixed race and both parents are non-white, select "multi-racial".

MOTHER INFORMATION

- **MOTHER'S NAME:** Record last name followed by first name.

- **MOTHER'S ADDRESS:** Record mother's current street address, followed by city, state and zip code. Information about the mother is needed for follow-up of results and to locate infants in need of retesting.
- **MOTHER'S PHONE:** Record mother's area code and home telephone number.
- **MOTHER'S SOCIAL SECURITY NUMBER:** Record mother's social security number. This important information is used to match initial results with repeat tests. If the mother has no social security number, enter the word **NONE** in the first four boxes.
- **MEDICAL RECORD NUMBER (MOTHER'S):** Record the hospital identification or medical record number for the mother. Note: This information is only required on the "blue" first newborn screening card sample.
- **BIRTH DATE:** Record the mother's date of birth (mm/dd/yy).
- **HEPATITIS B SURFACE ANTIGEN (HBsAg):** Provide date of test (mm/dd/yy) and completely shade in oval appropriate to indicate positive or negative. **If there is no HBsAg test result in the mother's record, she needs to have her blood tested STAT.** If the result is not known prior to submission of the newborn screen, it is imperative that Patrick Fineis, MDCH Hepatitis B Case Manager, is notified of any positive HbsAg result. He can be contacted by telephone at (517) 335-9443 or email fineisp@michigan.gov. This very important information helps assure that infants at risk receive the proper immunizations. Note: This information is only required on the "blue" first newborn screening card sample.

PHYSICIAN INFORMATION

- **PHYSICIAN'S NAME:** Record the last name, followed by first name, of the physician or health care provider who should be notified of an unsatisfactory or positive newborn screening test on this infant. If the mother does not provide a physician's name, the physician in charge of the newborn nursery should be listed on the first sample (blue) test card. The physician should arrange for all retesting through the hospital's outpatient laboratory.

- **PHYSICIAN'S PHONE:** Provide physician's area code followed by telephone number. **It is very important to provide a complete and correct number.** The information is used to contact the physician or health care provider with positive test results and follow-up information. If the hospital newborn nursery chooses to follow-up positive results directly, provide the name and telephone number of the staff person designated to contact the family. This option is preferred for babies without a designated primary care provider.

SUBMITTER INFORMATION

- **SUBMITTER NAME:** Record the name of the submitter (this should be the birth hospital or midwife on all initial newborn screens). If abbreviation of the hospital's name is necessary, use some letters from each word in the hospital's name (for example, the abbreviation for St. Joseph Mercy Hospital would be St. Jos. Mrcy.).
- **HOSPITAL CODE:** (For birthing hospitals only) All birthing hospitals will be assigned a 3-digit hospital code that must be recorded in the boxes provided. The 3-digit number should be listed **before** the two preprinted zeros. Another "0" should be added to the last box (after preprinted zeros). If the infant is in a NICU/special care nursery, there is an option to have screening results sent to the unit. If this option is desired, the number "1" must be recorded in the last box (after preprinted zeros).
- **SUBMITTER ADDRESS:** Record the submitter's street address followed by the city, state and zip code.
- **SUBMITTER PHONE:** Record submitter's area code and phone number.
- **BIRTH HOSPITAL:** Record name of birth hospital here **only if different from the submitter.**

QUESTIONS???

Please contact the Newborn Screening Follow Up Office at (517) 335-9205 with any questions about completing the card